								plication or Docket Number					
	PATENT A	XIEST 14-00029											
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE		OR	OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			14				F	RATE	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBE	R EXTRA	ВА	SIC FEE	355.00	OR	BASIC FEE	·710.00	
TOTAL CHARGEABLE CLAIMS			\		• 8	8		X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS			3 mir	nus 3 =	· \$			X40=		OR	X80=		
MUI	LTIPLE DEPEN	DENT CLAIM PR	RESENT				135=			+270=			
* If 1	the difference i	n column 1 is	ess than zero, enter "0" in column 2					OTAL	2 000	OR OR	TOTAL		
CLAIMS AS AMENDED - PART II							,	OIĄL	355 W	l On	OTHER	THAN	
	(Column 1) (Column 2) (Column 3)						S	MALL	ENTITY	OR	SMALL		
ENT A		CLAIMS REMAINING AFTER AMENDIMENT		NUM	HEST MBER OFFILE FOR	PRESENT EXTRA	f	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	The	Minus	**		= '	>	(\$ 9=		OR	X\$18=		
ME	Independent		Minus	***		=		(40≠		OR	X80=		
Ш	FIRST PRESE	NTATION OF M	ULTIPLE DEI	PENDEN	IT CLAIM			135=		OR	2 70=		
f							4	TOTAL		OR	/ TOTAL		
	(Column 1) (Column 2) (Column 3							DIT. FEE		UN	ADDIT. FEE		
_		CLAIMS		HIG	HEST				ADDI-	l		ADDI-	
MENT B		REMAINING AFTER AMENDMENT		PREV	MBER TIOUSLY D FOR	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL	
	Total	*	Minus	**		=	;	(\$ 9=		OR	X\$18=		
AMENDIA	Independent	*	Minus	***	T 01 4 11 4	= -	1 [X40=		OR	X80=		
	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDEN	II CLAIM		¹ ┌┐	 -135=		OR	+270=	·	
							L_	TOTAL DIT. FEE		OR	TOTAL ADDIT. FEE		
	(Column 1) (Column 2) (Column 3							JII. PEE	<u> </u>	•	ADDII. FEE		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIG NUI PREV	HEST MBER /IOUSLY D FOR	PRESENT EXTRA] r	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**		= ,,,,,,		K\$ 9=		OR	X\$18=		
ME	Independent	*	Minus	***		=	1 -	X40=	 	1	Y00	1	
Ľ	FIRST PRESE	NTATION OF M	IULTIPLE DE	PENDEN	NT CLAIM		J ├─			OR			
	If the entry in colu	mn 1 is lose than	the entry in col	umn 2 wr	rite "O" in co	lumn 3	Ľ	135=		OR			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													